ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| | | | |
| FEE DETERMINATION | PS | 66621 | 2/3 |
| O.I.P.E. CLASSIFIER | | 48 | 2/17/00 |
| FORMALITY REVIEW | | 66580 | 3-28 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| ✔ | ............................ Rejected | | N | ............................ Non-elected |
| = | ............................ Allowed | | I | ............................ Interference |
| — | (Through numeral)... Canceled | | A | ............................ Appeal |
| ÷ | ............................ Restricted | | O | ............................ Objected |

| Claim | | Date | | | | | | | | |
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| 7 | ✔ | ✔ | | | | | | | | |
| 8 | ✔ | ✔ | | | | | | | | |
| 9 | ✔ | ✔ | | | | | | | | |
| 10 | ✔ | ✔ | | | | | | | | |
| 11 | ✔ | ✔ | | | | | | | | |
| 12 | ✔ | ✔ | | | | | | | | |
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| 15 | ✔ | ✔ | | | | | | | | |
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| 17 | ✔ | ✔ | | | | | | | | |
| 18 | ✔ | ✔ | | | | | | | | |
| 19 | ✔ | ✔ | | | | | | | | |
| 20 | ✔ | ✔ | | | | | | | | |
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| 31 | ✔ | ✔ | | | | | | | | |
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| 34 | ✔ | ✔ | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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